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APPLICANTS

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** CONTINUING DATA *None* *****

** FOREIGN APPLICATIONS *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

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 23505
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TITLE
 Probe isolation seal pad

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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